

Medicaid Member Guide

Medicaid Guía para el Afiliado



Contacts for Help

Name	Phone
Medicaid Information Line	801-538-6155 or 800-662-9651
Health Plan or Primary Care Provider	
HPR (Health Program Representative) or Local Health Department HPR	
Eligibility Worker	
Primary Care Provider	
Pharmacy	
Mental Health Center	
Dentist	
Medicaid Web Site	http://health.utah.gov/medicaid
Medicaid Client Education	http://health.utah.gov/medicaid/Medicaid_Benefits/Training/medicaid.html

Para Informacion en Espanol favor de voltear el libro del otro lado.

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Welcome to Medicaid

We want you and your family to get the health care that you need. This booklet was written to help you learn how to use Medicaid. You must apply to receive Medicaid benefits. To apply, contact your local DWS (Department of Workforce Services) office.

What if my English is not very good or I am hard of hearing?

We know that it may be hard to understand us if English is not your first language or if you are hard of hearing. Please ask us for an interpreter who speaks or signs your language to explain the Medicaid Program. Interpreters are free and available in all languages, including sign language. Your health plan also has interpreters.

May I get this booklet in another language or format?

Yes, we also have this booklet and other important information in Spanish or in Braille in both English and Spanish.

You can also get information on line at <http://health.utah.gov/umb/benefits/medicaid.php>



Services for people who are hard of hearing or have speech problems

If you are hard of hearing, you can call Utah Relay Services at 711 or 1-800-346-4128. This is a telephone relay service or TTY/TTD that is a free public service. If you speak Spanish, you can call Spanish Relay Utah at 1-888-346-3162.

If you have a hard time speaking, you can call 1-888-346-5822. A specially trained person will help you.

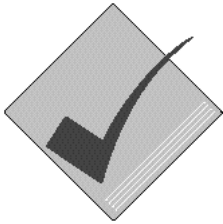


Services for people whose first language is not English

Tell us if you need someone to interpret for you. We will find someone who speaks or signs your language to explain our programs. Your health plan will also provide someone to interpret for you. If you need help getting interpretation call:

Medicaid Information Line
(801) 538-6155 or 1-800-662-9651

Diganos si usted necesita a alguien que traduzca para usted. Nosotros encontraremos a alguien que hable su idioma para que le explique nuestros programas. Su Plan de Salud y otros planes también le proveerán con alguien que traduzca para usted.



Note: In this book, Wasatch Front counties are: Davis County, Salt Lake County, Utah County, and Weber County. Rural counties are any other county in Utah not listed above.

Information in this book may change at any time. Contact your HPR (Health Program Representative) or the Medicaid information line with questions.

Basic Medicaid Information

What is a Health Plan?

If you live in Utah, Salt Lake, Davis or Weber Counties you *must* choose a health plan for your medical care. If you live in any other county in Utah, you may have a choice of selecting a health plan or Primary Care Provider (PCP).

A health plan is a group of doctors, clinics, hospitals and other medical experts you will use for your medical care. If you live in Utah, Salt Lake, Davis or Weber Counties and a health plan doesn't meet your medical needs, talk to your HPR (Health Program Representative) to see if you can be without a health plan on your Medicaid card for a short time.

You should know your health plan and find out how it works. Your health plan may contact you to ask about your medical needs. Your health plan must obey all federal and state laws.

- The name of your health plan prints on your Medicaid card.
- You must use a doctor, clinic or hospital that takes your health plan or your bills may not be paid.
- Your provider will know where to send the bill.
- You have the right to receive information about your health plan each year.

Either your health plan or Medicaid pays your doctor for covered services. If your health plan or Medicaid pays your doctor less than the amount charged for a covered service, your doctor should not ask you to pay the rest of the bill.

The health plan won't be on your card the first month and sometimes the second month. If there is no health plan on your card, you can use your card and see any provider that will accept Medicaid.

People who are in a nursing home for a long time don't have to have a health plan.

If you have questions about health plans:

- Call your HPR if you live in Davis, Salt Lake, Utah or Weber County. The numbers are in the back of the book in the Resources section.
- Call your Local Health Department HPR in counties other than those listed above. The numbers are in the back of the book in the Resources.
- Call the Medicaid Information Line: (801) 538-6155 or toll free at 1-800-662-9651.

How do I find out about choosing my Health Plan?

If you live in Utah, Salt Lake, Davis or Weber Counties, you will meet with a Wasatch Front HPR.

If you live in another county in Utah, you will contact your Local Health Department.

Can I change my Health Plan?

If you live in a rural county, call your Local Health Department HPR to make a change. Rural counties may change their health plan at any time. Health plan change requests received before the 20th of the month will become effective the next month.

If you live on the Wasatch Front (Utah, Salt Lake, Davis and Weber Counties):

- You can change your health plan during open health plan change time each year during mid May and mid June. Then your new health plan will start July 1st.
- A letter will be sent to you each year to remind you of the open health plan change time.
- After a change, you will have up to three months to change your health plan to another open plan.
- If you feel you must change your health plan when it is not open enrollment, call your HPR. He or she may be able to help.
- Remember! Changing your health plan may change all the doctors, clinics and other medical experts you may use.

What is an HPR? (Health Program Representative)

A Wasatch Front HPR works with Medicaid, CHIP and PCN programs. They are usually located within the Department of Workforce Services (DWS) offices. The phone numbers are in the back of this book in the Resources. Your Wasatch Front HPR:

- Has classes about Medicaid benefits.
- Talks to you about the health plans in your area.
- Helps you choose a health plan that will work best for you.
- May be able to help you change your health plan.

An HPR who works with Medicaid in other counties in Utah are located in Local Health Department (LHD) offices. The phone numbers are in the back of this book in the Resources under Local Health Department with HPR. Your LHD HPR:

- Will help you understand your Medicaid benefits.
- Helps you select a Primary Care Provider (PCP) or health plan.
- Can help you change your PCP or health plan.

What is an LHD? (Local Health Department)

Every Local Health Department provides a variety of direct public health services.

Medicaid is contracted with seven rural LHDs (Bear River District, Central Utah Health Department, Southeastern Utah District Health, Southwest Utah Public Health, Tooele County Health, TriCounty Health and Wasatch City/County Health). These LHDs have a partnership with Medicaid to help you choose a health plan or Primary Care Provider (PCP). You can contact an HPR (Health Program Representative) at any of the contracted LHDs.

What is a PCP? (Primary Care Provider)

A Primary Care Provider (PCP) is a doctor you see for most of your medical care. Your PCP knows you, your medical history and your family history. You would see a PCP for routine care and sudden illness. Your PCP refers you to specialists when you have serious medical problems. Your PCP watches over and directs all of your medical care.

In rural areas, your PCP provides Primary Care Case Management. Your PCP will manage your medical care. The name of the PCP you choose and who accepts you, prints on your Medicaid card. Your card prints with the letters PCP in bold across the top. You can change to a different PCP. Call your Local Health Department HPR by the 20th of the month to change your PCP for the next month.

These are examples of the types of doctors who are usually a PCP:

- Family Practice (for all ages)
- Internal Medicine (for adults)
- Pediatrician (for children)
- OB/GYN (for pregnant women)

You must have a referral from your PCP to go to any other primary care doctor, unless it is an emergency. Sometimes a clinic is named as the PCP. If so, you may see any doctor in the clinic without a referral. This also means any doctor in the clinic may refer you to a specialist.

What is Prior Approval/Prior Authorization?

To get some services covered by Medicaid or your health plan, your doctor may need to get permission first. This is called a prior approval or prior authorization. Most services don't need a prior approval or authorization, but some do. Your doctor's office must get permission before they give you a service that needs a prior approval or authorization.

If a request for a prior approval or authorization is denied or not approved, you will receive a letter with instructions on how to ask for a change in the decision.

What is a Referral?

A referral is made when you need to see someone other than your Primary Care Provider (PCP). You must get a referral from your PCP to see a specialist or another PCP. Your doctor can refer in different ways:

1. By giving you a referral form.
2. By mailing the form.
3. By calling the other provider.

In some cases the Local Health Department may be able to help you with a referral if you have a PCP listed on your card.

What is a Specialist?

A specialist is a doctor who only works with certain health problems. Examples of doctors who are specialists are:

- Cardiologist - heart
- ENT - Ear, Nose and Throat
- Orthopedist – bone



What if I have problems with benefits?

You may feel a service was limited or denied unfairly or you are being billed. You, or your representative, have the right to question these decisions or actions and ask to have a Fair Hearing.

For decisions or actions made by your health plan:

- Call your health plan to talk about the problem. Many times the problem can be taken care of that easily.
- Call the Medicaid Information Line. Sometimes they can help.
- If there is still a problem ask your health plan how to file a Grievance or an Appeal.
- After your health plan's final decision, if you still feel you are being treated unfairly you can ask for a Fair Hearing with Medicaid. You must file for a Fair Hearing within 30 days of your health plan's final decision.

For decisions made by the State:



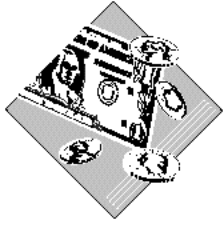
- Call your HPR, the number is in the back of the book in the Resources section or call the Medicaid Information Line at (801) 538-6155 or 1-800-662-9651 to ask for a State Fair Hearing.

What is a TPL? (Third Party Liability)

When you have other health insurance or Medicare and Medicaid, this is called a Third Party Liability or TPL. You must let us know if there is insurance or Medicare that covers anyone listed on your Medicaid card. Tell your worker as soon as possible if you get insurance or Medicare for anyone that has the same case number you do. The Third Party Liability or TPL information prints on your Medicaid Card. You must call the TPL unit at the Office of Recovery Services (ORS) to make any changes. Their phone number prints on the bottom of each Medicaid Card.

You might have to choose a health plan to match your insurance. Your worker will tell the Office of Recovery Services (ORS) about your insurance. Your doctor's office bills your insurance first, and then bills the State or health plan for the part of the bill your insurance won't cover. Medicaid pays last.

Office of Recovery Services Third Party Liability Unit
(801) 536-8798 or 1-800-821-2237



What is a Co-Pay?

You may have to pay a fee for some benefits and services; this is called a co-pay*. A message will be printed on your medical card if you have a co-pay. You may need to pay a fee or co-pay when you:

- Visit the doctor or clinic
- Visit the hospital for outpatient services
- Pick up your prescriptions

Other things you may want to know about the co-pay:

- If you do not pay your co-pay, your doctor or medical provider can refuse to see you.
- You should get a receipt for your co-pay from your medical provider each time you see them.
- Make sure you save your receipts.

*Pregnant women and children do not have a co-pay. Medicare or other insurance may effect co-pays.

What is a Co-Insurance?

You may have to pay a fee when it is not an emergency and you stay overnight as a patient in the hospital. This fee is called co-insurance*:

- A message will print on your medical card if you need to pay this fee.
- Get and save a receipt for your co-insurance from the hospital.

*Pregnant women and children do not pay co-insurance. Medicare or other insurance may affect co-insurance.

What is an Out of Pocket maximum?

Each Medicaid program has a limit or maximum to the amount you pay in co-pays and coinsurance each year:

- The amount you pay is counted from January through December.
- Get receipts for your co-pays and co-insurances.
- When you have met your out of pocket maximum, contact Medicaid Customer Service at 801-538-6155 or 1-800-662-9651.

Quick Comparison Chart of Adult Medicaid Programs*
Co-Pays and Co-Insurance

Benefits	Purple Card Traditional Medicaid 18 years or older	Blue Card Non-Traditional Medicaid 19 years or older
Out of Pocket Maximum	Pharmacy: \$15 per month Inpatient: \$220 per year Physician & Outpatient \$100 per year	\$500 per calendar year Per person
Chiropractic	\$1 co-pay per visit	\$3 co-pay per visit, limited to 6 visits per year
Dental	No-co-pay – <i>limited services for non-pregnant adults, 21 years or older</i>	Not covered
Emergency Room	No co-pay \$6 co-pay for non-emergency use of the ER	No co-pay \$6 co-pay for non-emergency use of the ER
Family Planning	Office Visit: no co-pay Pharmacy: no co-pay, see current OTC list. Norplant and patches are not covered	Office Visit: no co-pay Pharmacy: no co-pay, see the current OTC list on page 29-30
Inpatient Hospital	\$220 yearly co-pay for non emergency stays	\$220 co-pay for non emergency stays
Lab	No co-pay	No co-pay
Medical Equipment & Supplies	No co-pay	No co-pay
Mental Health	No co-pay at Prepaid Mental Health Center	No co-pay; limited to 30 annual inpatient and 30 annual outpatient visits

Quick Comparison Chart Continued

Benefits	Purple Card Traditional Medicaid 18 years or older	Blue Card Non-Traditional Medicaid 19 years or older
Occupational/ Physical Therapy	No co-pay	\$3 co-pay per visit, limited to 10 combined visits per year
Office Visit	\$3 co-pay per visit	\$3 co-pay per visit, no co-pay for preventative care or immunization
Outpatient	\$3 co-pay per visit	\$3 co-pay per visit
Pharmacy**	\$3 co-pay per prescription, limited to \$15 per month	\$3 co-pay per prescription
Over the Counter (OTC)	Limited OTC drug coverage; same co-pay as pharmacy	Limited OTC drug coverage; same co-pay as pharmacy
Transportation	No co-pay	No co-pay, limited emergency transportation
Vision Services	No co-pay; only medically necessary eye exams will be covered. Glasses are not covered.	Annual coverage limited to a medically necessary eye exam. Glasses are not covered.
X-Ray	No co-pay	No co-pay

*All Children under 18 years of age are exempt from co-pays and co-insurance. Pregnant women, nursing home residents and New Choices clients are exempt from co-pays and co-insurance. Other insurance or Medicare may affect co-pays and co-insurance.

**As of January 1, 2006, Medicaid does not offer the same drug coverage for people who have Medicare or are eligible for Medicare.



Is there a limit to how many prescriptions I can get?

You may have a limited number of prescriptions per month with some Medicaid programs. Medicaid will review your medical history to see if you need more than the allowed prescription limit each month.

- Your doctor may be contacted to see why you are using certain medicines.
- You may be notified when you have used more than the allowed prescriptions per month.
- Over the Counter Drugs will count as part of your total number of prescriptions.

Am I covered if I am out of the area?

You are covered for urgent or emergency care when you are out of your service area or out of the state. If you are in Utah where there are no medical providers who take your health plan, this is called 'out of the area'. If you have a health plan and while visiting out of the area or out of state you have an emergency, ask the medical provider to bill your health plan. If you don't have a health plan, ask the provider to bill Utah Medicaid. Ask the pharmacy to contact the Utah Medicaid Information Line. Routine care is not covered by your health plan when you are out of the area.

Medicaid or your health plan *pays the bill as long as the provider is willing to bill them* for urgent or emergency care. You may need to call your health plan to report all out of area urgent or emergency care services.

Can I get Medicaid for past months?



You can apply for Medicaid coverage for past months. You won't have a health plan for those months. Ask your doctors to bill the State. Your doctors *do not* have to accept your Medicaid for past services, but sometimes they will. Call your eligibility worker for any questions about eligibility.

What do I do with medical bills?

Pay attention to the mail you get from your doctor's office. You may get a bill from your doctor's office. If the bill says "do not pay" or "your insurance has been billed", you don't have to worry about the bill. If the bill says you owe an amount you should:

1. Make sure your doctor's office has a copy of your Medicaid card for the month you are being billed.
2. Call your doctor's office. Make sure they billed your health plan or the State, whichever one you had for the month you were seen.
3. If the doctor's office did bill your health plan or the State but the bill is still not paid, call your Health plan or the State.
4. If you have called your doctor's office and your health plan or the State and you still have problems, call your HPR.

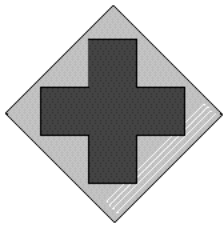
Don't get stuck with the bill.

Be careful of the following things. You could end up paying your own medical bills:

- If you see a provider who isn't part of your health plan.
- For services you receive when you are not eligible for Medicaid.
- For services you receive during an Appeal, Grievance or Hearing that is later denied.

You will be responsible for any services, not covered by Medicaid, which you agree to have. You should sign a form with your provider that states:

- What non-covered service you are having.
- That you know it is not a Medicaid covered service.
- How much you will need to pay.



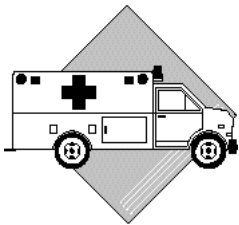
Is it urgent care I need or is it an emergency?

Urgent Care— Urgent care is needed when you have are sick or have an accident. You get urgent care when your problem is serious, but you could wait one day to see your doctor.

Urgent care problems usually don't cause permanent harm or death. For urgent care, call your doctor. You may be able to see the doctor that same day. If you have a health plan, your plan may have urgent care clinics which are open after normal office hours and weekends. Check your health plan provider directory.

Examples of urgent care:

- You fall and sprain your wrist or ankle
- Your child wakes up in the night with an earache
- You have a bad cough or high fever
- You are vomiting a lot



Emergency Care— Use the hospital emergency room that is closest to you. Use emergency care when you have a serious medical problem that can't wait. In such cases, waiting could mean permanent harm or death.

If you think your medical problem may be an emergency, call 911 or go to the nearest emergency room right away. You don't have to call your doctor first. But, *if your doctor or health plan tells you to go to the emergency room, go as soon as possible.* Your doctor may provide any needed follow-up care.

Examples of emergencies:

- Heavy bleeding
- Chest pain
- Trouble breathing
- Bad burns
- Broken bones
- Poisoning

If you go to the emergency room for something that is not an emergency, you may have to pay co-pay or pay all of the bill.



What if I have problems with eligibility?

When you apply for Medicaid you may be told you are not eligible. You may feel you've been treated unfairly. You have the right to do the following:

- Talk about the problem with your case worker and their supervisor.
- Call the DWS Constituent Services for help.
- Ask a worker for a Fair Hearing form. Most letters you receive from your worker will have a Fair Hearing form on the back. Fill it out and give it to your worker or their supervisor.



DWS Constituent Services
(801) 526-4390 or 1-800-331-4341

What are my responsibilities as a Medicaid client?

- Show your current Medicaid card every time you get medical care.
- Check the information on your card each month to make sure it is right.
- Keep your appointments or cancel in advance.
- Save your Medicaid cards for one year.
- Use your Medicaid card wisely.

What are my rights?

Anyone who thinks they might be eligible for Medicaid may apply. You have the right to be treated fairly and with courtesy and respect.

- You have the right to have your privacy protected and be treated with dignity.
- You have the right to get medical care no matter what your race, color, nationality, disability, sex, religion or age.
- You have the right to receive information on all available treatment options.
- You have the right to participate in decisions regarding your medical care, including refusing treatment.
- You have the right to ask for a copy of your records and request that they be changed.
- You always have the right to be treated fairly.

If you feel you have been treated unfairly or discriminated against, call the State or your Health Plan and ask for the Civil Rights Coordinator, or call the Federal Office for Civil Rights.



Civil Rights Medicaid Constituent Services
1-877-291-5583
Federal Office for Civil Rights
1-800-368-1019
(Voice 1-800-537-7697 (TDD))

Other important things to know:

Remember, the State pays your health plan and other plans even if you don't use your Medicaid benefits. If you shouldn't have been eligible, you may have to repay the State for those payments.

Providers have the right to refuse to see you. Medicaid cannot force a provider to accept Medicaid or make them accept you as a patient.



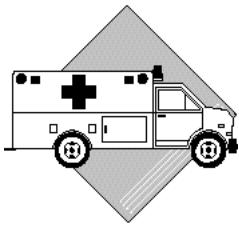
Basic Medicaid Benefits

Benefits Covered by Medicaid

- Ambulance
- Birth Control
- Case Management
- CHEC Program or Well Child Exams
- Chiropractic Services
- Dental
- Doctor Visits
- Emergency Room
- Eye Exams and Eyeglasses
- Home Health Care
- Hospice Care
- Hospital
- Lab and X-ray
- Maternity Care
- Medical Supplies
- Mental Health
- Midwife Services
- Nursing Home Services
- Over-the-Counter Drugs
- Personal Care Services
- Physical Therapy/ Occupational Therapy
- Prescriptions*
- Specialists
- Speech and Hearing Services
- Tobacco Cessation Services for Pregnant Women
- Transportation Services
- Waiver Programs

We want you to find out more about the benefits covered by Medicaid. Some benefits may not be covered or may be limited depending on your Medicaid program.

****Medicaid clients who are eligible for Medicare do not have the same prescription benefits as Medicaid clients who are not eligible for Medicare.***



Ambulance

When seconds count, call 911 for an ambulance. The State covers ambulance services in an emergency. Air ambulance is covered when a ground ambulance can't get you to medical care fast enough. Tell the ambulance to take you to the closest hospital.

Birth Control

You may get family planning services from any provider who accepts State Medicaid or your Health Plan without having to pay a co-pay. You don't need a referral. You can get some types of birth control in the doctor's office. For others, the doctor will write a prescription. The following forms of birth control may be covered by your Medicaid program.

- Birth Control Pills
- Foams
- Creams
- Diaphragms
- IUDs
- Norplant
- Birth Control Patches
- Shots (Depo-Provera)
- Condoms
- Emergency Birth Control (Morning After Pill)
- Sterilization*

*Medicaid may pay for a woman to get her tubes tied or a man to have a vasectomy (sterilization). You must be 21 or older and both you and your doctor must sign a consent form 30 days before the surgery. Medicaid doesn't pay to reverse these surgeries.

Case Management (Coordination of Care)

Some Health Plans have case management programs. If you have serious health problems and have a Health Plan on your Medicaid card, ask to speak with a case manager with your plan. A case manager helps make sure you get the medical care you need. The rural PCP program does not have case management.



CHEC Program or Well Child Exams

CHEC is for Child Health Evaluation and Care. This is a special benefit for children on Medicaid. CHEC is about keeping children healthy. Anyone from birth through age 20 on Traditional Medicaid (purple card) can get CHEC covered services.

Regular checkups help keep your children healthy. Some problems start before your child looks or feels sick. Your doctor can find and treat these problems early, before they lead to a serious problem.

CHEC services include:

- Well child exams by your child's doctor. A head-to-toe exam that includes health history, eating habits, eyesight and hearing exam, lead screening (if requested) and growth and development check.
- Shots (immunizations) to keep your child healthy.
- Dental checkups by your child's dentist. A complete exam and cleaning twice a year. Fluoride treatment and sealants are covered for children. Your child's first dental visit should be at age one.
- Follow up treatment and care if a health problem is found during a CHEC exam.
- Children may receive benefits that are usually not covered by Medicaid.

When should my child have a CHEC checkup?

- Newborns - as soon as possible after birth. Babies - 1, 2, 4, 6, 9, 12, 15, 18, and 24 months. Shots are due at many of these visits.
- Toddlers - ages 3 to 5. More shots are due at some of these visits.
- Children - ages 6, 8, 10 and 12.
- Teenagers and Young Adults - ages 14, 16, 18 and 20.

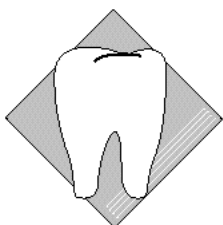
If you missed a checkup at one of these ages, take your child in as soon as possible. Ask for a CHEC exam while making the appointment and tell your doctor you have Medicaid. Remember to take your child's shot record with you.



Chiropractic Services (Chiropractic Health Plan)

Your chiropractic benefits are covered under the Chiropractic Health Plan. The plan pays the bills for your chiropractic care. You may see any chiropractor who is on the plan.

Services are limited. To learn more about your chiropractic benefits call (801) 352-7270 or 1-800-339-5958.



Dental Benefits

Pregnant women and children have dental benefits. Other non-pregnant adults on Traditional Medicaid may have some benefits. Benefits may include:

- Examination
- Cleaning
- X-rays
- Fillings
- Root canals on some teeth
- Silver crowns

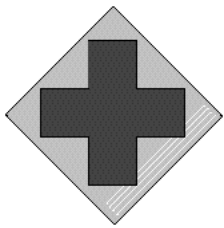
The State has clinics where you can get your dental care, called the Family Dental Plan clinics. Check the Resources section to see if there is one in your area. You can also call your dentist or other dentists in your local phone book, to see if they accept Medicaid.



Doctor Visits

Medicaid pays for you to see the doctor when you are having health problems. Most of the time you can get the treatment you need from your primary care doctor (PCP). If your doctor feels your problems are too serious to treat in the office, your doctor may refer you to a specialist. If you have a health plan on your Medicaid card, make sure that you see a doctor who accepts your plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.



Emergency Room

Use the emergency room only when you have a serious medical problem that cannot wait, where waiting could mean permanent harm or death.

In an emergency, call 911 or go to the nearest emergency room right away. You don't have to call your doctor first. Your doctor may provide any care needed to follow up after the emergency.



Eye Exams and Eyeglasses

Medicaid will pay for a medically necessary eye exam each year. Pregnant women and children can get eyeglasses every other year.

If glasses are a covered benefit under your program, your provider will show you a selection of glasses to choose from that Medicaid will pay for in full. You can choose more expensive eyeglasses, but you must pay the difference between what Medicaid or your health plan pays and the cost of the more expensive glasses. Make sure you sign an agreement if you are going to pay for more expensive glasses.



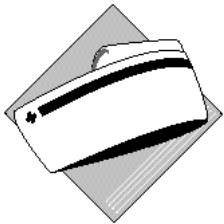
Home Health Care

Home health care is for people who are too sick to leave their home. It is for people who aren't able to go to the doctor's office for care they need, but don't need to be in a hospital or nursing home. Your doctor will need to get prior approval before you can receive home health care.

Some types of care you might receive in your home are:

- Physical therapy and other therapies
- Nursing
- Care from a home health aide

Talk to your doctor if you need home health care. If you have a health plan, you must use a home health agency that is part of your plan.



Hospice Care

Hospice is care for people who are sick with no hope of getting better. Hospice care helps people to be comfortable when they are dying. Talk to your doctor if you need these services.

Hospital Care

Medicaid covers both inpatient and outpatient hospital care. You need a referral from your doctor before you use hospital services unless it is a true emergency. Prior approval is needed for some hospital services. If you have a health plan, use a hospital that is with your plan.



Lab and X-ray Services

Many lab and x-ray services are covered by Medicaid. You might get these services in your doctor's office, or your doctor might need to refer you to another clinic, lab or hospital. If you have a health plan, you must use a provider that is with your plan.



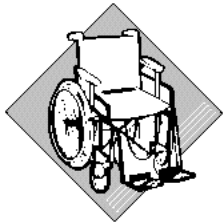
Maternity Care

If you think you are pregnant, see a doctor as soon as possible. To receive prenatal benefits, call your eligibility worker to report the pregnancy. Early prenatal care helps you give birth to a healthy baby.

You may choose to see a specialist such as an OB-GYN or a CNM (Certified Nurse Midwife). If you have a health plan, you must use a provider that is with your plan. Medicaid covers:

- Prenatal visits, lab work and tests you may need (like an ultra sound).
- Charges for labor and delivery
- Anesthesia (pain treatment)
- Hospital stay
- Your 6 week checkup after the baby is born

You can stay in the hospital for as long as your provider feels it is necessary. Your baby may be covered by Medicaid for a year. Call your eligibility worker as soon as possible to report the birth of your baby.



Medical Supplies

Medicaid *may* cover many medical supplies. Some examples of medical supplies are:

- Wheelchairs
- Prosthetic devices
- Bandages or wound care supplies
- Vaporizers or humidifiers

Talk to your doctor if you need medical supplies. Your doctor would need to write an order. If you have a health plan, give the order to a medical supplier who is with your plan.

Mental Health Care

Prepaid Mental Health Plan (PMHP)

If you live in a county other than San Juan County or Wasatch County, Medicaid enrolls you in the PMHP for mental health care. The PMHP is a mental health center. The PMHP's name prints on your Medicaid card. A list of PMHPs is in the Resources section of this booklet.

You must get mental health services through your PMHP. If you want to get services from someone outside the PMHP, you must get approval from the PMHP before you get the services. Otherwise, you might be responsible to pay the provider for the services.

Mental Health Services your PMHP can provide are:

- Evaluations
- Psychological Testing
- Medication Management
- Individual and Group Therapy
- Psychosocial Rehabilitation Services
- Case Management Services
- Transportation to mental health appointments (Call your PMHP or talk to your therapist for help with transportation.)
- Personal Services
- Respite Care
- Psycho-educational Services
- Inpatient mental health services

Foster Care Children

Inpatient mental health care is the only service foster care children get through the PMHP. Foster care children may get outpatient mental health services from any Medicaid provider whom their case worker recommends.

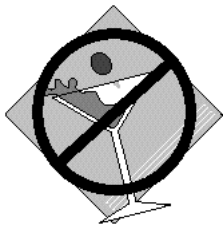
What if I have problems with my PMHP?

If you disagree with any decision made by your PMHP, or are unhappy with the care you are getting, you have the right to let them know:

- Call your therapist, the therapist's supervisor or the PMHP to talk about the problem
- Call the Medicaid Information Line at (801) 538-6155 or toll-free at 1-800-662-9651.
- Call your Health Program Representative
- If there is still a problem, ask your PMHP about filing a grievance or an appeal depending on the problem.
- If you are not happy with the decision your PMHP makes on an appeal, you can ask for a fair hearing with State Medicaid.

San Juan and Wasatch Counties

If you live in San Juan County or Wasatch County, you can get mental health services from the mental health center serving your county (San Juan Counseling or Heber Valley Counseling). These mental health centers are also listed in the Resources section of this booklet under Other Mental Health Centers.



Alcohol and Drug Services

Medical Detoxification

If you need *inpatient* drug or alcohol detoxification services and you are enrolled in a Health Plan for physical health care, call your Health Plan. If you are not enrolled in a Health Plan, the hospital will bill Medicaid for detoxification services.

Outpatient Services

You can get outpatient treatment for alcohol and drug problems from a Medicaid substance abuse treatment provider. If you live in *any county other than the counties listed below*, call your mental health center listed in the Resources section of this booklet. They are also Medicaid's substance abuse providers.

Salt Lake County—

If you live in Salt Lake County, call the Salt Lake County Division of Substance Abuse at 468-2009. They will help you get the services you need.

Rich, Cache and Box Elder Counties–

If you live in one of these counties, call the Bear River Health Department, Division of Substance Abuse. For services in Brigham City, call (435)734-1322. For services in Logan, call (435)792-6420.

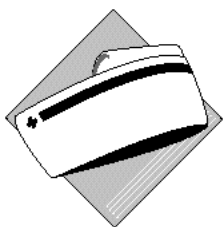
Utah County–

If you live in Utah County, call the Utah County Division of Substance Abuse at (801) 851-7128. They will help you get the services you need.



Midwife Services

You can choose to see a midwife for care during your pregnancy. If you have a health plan, you must choose a certified nurse midwife who is with your plan. Certified nurse midwives can deliver babies in the hospital in case of an emergency during delivery.



Nursing Home

Medicaid covers nursing home care. Long-term care is when a person stays in a nursing home more than 30 days. Long-term nursing home patients do not have to select a health plan or PCP. Talk to your worker about any special rules with long term nursing home eligibility.

Short term care is when a patient goes from a hospital to a nursing home to continue to recover. When this stay is less than 30 days, the patient with a health plan on their Medicaid Card will stay with the same plan.

Personal Care Services

Personal Care Services such as bathing, feeding and dressing may be covered. This help is for people who can't do these things for themselves. Personal care is provided by a home health care aide. Talk to your doctor if you need these services. If you have a health plan, the services are provided by a home health agency that is with your plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider including Personal Care Services.



Physical Therapy / Occupational Therapy

Physical therapy may be covered for some serious problems. Physical therapy may be ordered by your doctor when it will improve your medical condition. If you have a health plan; make sure to use a physical therapist that is with your plan.

In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.



Prescriptions

Not all drugs are covered, even with a doctor's prescription. Generic brands are covered by Medicaid. If there is no generic brand for the drug you need, you may get the name brand. Some prescriptions require prior approval.

The number of prescriptions Medicaid will pay for each month may be limited by your Medicaid program.

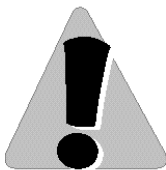
- Medicaid will review your medical history to see if you need more than the allowed prescriptions per month.
- Over-the-Counter drugs will count as part of your allowed prescriptions.
- If you have any questions, call:

Medicaid Customer Service

801-538-6155

1-800-662-9651

Your Medicaid card will say whether or not you have to pay a co-pay for prescriptions.



Medicare and Medicaid Prescriptions

If you have or are *eligible* for Medicare, please talk to your HPR with questions you have regarding prescription coverage. Medicare *eligible* clients have different prescription benefits than clients who are not *eligible* for Medicare.

Medicaid does not pay for most of your medicine. The coverage has been replaced by Medicare Part D prescription drug coverage. You must be enrolled in a private Medicare approved Prescription Drug Plan to receive most of your prescription benefits.

The only prescriptions that will be a benefit through Utah Medicaid for clients who have Medicare or are eligible for Medicare are:

- Barbiturates (sedatives)
- Benzodiazepines (minor tranquilizers)
- Some cough and cold medications
- Medicaid covered over-the-counter medication prescribed by your doctor.

All other prescription drug coverage will go through Medicare Part D. If you have any questions, call the State Health Insurance Information Program at 1-800-541-7735 or Medicare (1-800-663-4227). For TTY, call 1-877-486-2048. You can also visit their web site at: www.medicare.gov.

Over-the-Counter Drug List

Medicaid covers many over-the-counter medicines like aspirin, Tylenol, cough and cold remedies. You need a prescription for Medicaid to pay for them. *Over-the-Counter drugs are counted towards your monthly prescription limit.*

Listed are some common brand names to help you know what is covered. Prescriptions may be filled with the generic brand. This list may change without notice.

Acetone tests	Glucose blood tests, Chemstrip BG, One-touch
Actifed*	Ultra etc. Glucose urine tests, Clinitest,
Alcohol swabs	Clinistix, Diastix, etc
Antacid liquid & tablets (Tums)	Glucose
Aspirin*	Gyne-Lotrimin*
Axid AR	Hydrocortisone cream, ointment or
Benadryl*	suppositories*
Benylin	Imodium AD*
Buffered aspirin*	Insulin*
Calcium tablets (not oyster shell)	Insulin syringe (with disposable needle) 100
Chlor-trimeton	max
Citrate of Magnesia	Iron supplement (Ferrous Salts)
Claritin, Claritin decongestant	Kaopectate
Codimal DM	Lancets* (Does not count toward monthly limit)
Contraceptive creams, foams, tablets, condoms*	Lotrimin, Lotrimin AF*
Dramamine	Maalox suspension
Drixoral	Mag-Carb
DSS caps, liquid, syrup & concentrate drops	Metamucil*
%5*	Milk of Magnesia
Dulcolax*	

Over the Counter Medications, Continued

Monistat 7*	Prophylactics or condoms, male and female*
Motrin tablets or drops*	Rid*
Mycelex OTC	Robitussin*
Naldecon DX	Robitussin DM*
Neosporin ointment*	Sudafed
Niacin 250 mg, 500 mg	Tagamet HB*
Nix*	Tavist 1
Pediacare Cough-Cold	Tri Vi Sol (under age 5)
Pedia Relief Cough & Cold	Triaminic line* (generic only)
Pedialyte (covered only until age 10)	Tylenol *
Pepcid AC*	Zantac 75*
Pepto-Bismol	
Poly Vi Sol (under age 5)	

*Non-Traditional Medicaid only covers these prescriptions.

Specialists

Your doctor may refer you to a specialist if you have a serious health problem. If you have a health plan, make sure you use a specialist who works with your plan. In rural areas, if you have a PCP on your Medicaid card, make sure your PCP refers you to any other medical provider.



Speech and Hearing Services

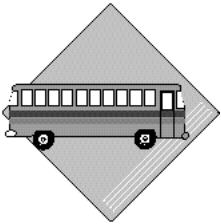
Some Medicaid programs may cover Speech and Hearing Services. If you feel you need these services, talk to your doctor. Your doctor may refer you to a speech therapist or an audiologist.



Tobacco Cessation Services

Medicaid has a free support program to help pregnant women stop smoking. Please call your HPR or Local Health Department Health Program Representative for details.

Medicaid will cover some tobacco cessation products for all Medicaid eligible clients. If you are interested in these products, talk to your doctor and ask for a prescription.



Transportation Services

If you do not have a car or a way to get to the doctor, Medicaid or your health plan may cover your trip to and from medical appointments. The transportation services that are available may include:

- UTA Bus Pass
- UTA Flex Trans
- ***PickMeUp*** Medical Transportation

UTA Bus Pass: Call your Medicaid eligibility worker and ask if your Medicaid program covers a bus pass. If it is a benefit, the pass will come in the mail each month with your Medicaid card. Show your Medicaid card and bus pass to the driver.

UTA FlexTrans: If there is a medical reason you can't use the bus, you may qualify for services through UTA FlexTrans. To apply for this service, call UTA at:

Davis County	1-888-394-9150
Salt Lake County	566-2334
Utah County	374-9306
Weber County	393-1736

PickMeUp: *PickMeUp* is a door-to-door service for routine transportation. For *PickMeUp*, your doctor must mail a letter to them stating the medical condition that qualifies you for door-to-door transportation. You must call 24 hours in advance of scheduled routine appointments to arrange for *PickMeUp* services.

For urgent care you do not need a letter on file. *PickMeUp* will call your doctor to verify the need for urgent care.

Call *PickMeUp*
1-888-822-1048

Waiver Programs

Some people with special needs may qualify for Medicaid through waiver programs. If you do, you will get some extra benefits. Waivers let Medicaid pay for support and services to help people live safely in their own homes or the community. Waiver services and supports may include:

- Emergency response service
- Homemaker service
- Group home
- Day treatment center
- Adult day care
- Family support
- Someone to help you work at a job
- Transportation to places other than a doctor's office or clinic
- Respite care for family members who need a break from caring for disabled or elderly family members

Waivers allow Medicaid to pay for a Case Manager to help you get the medically necessary Medicaid benefits and the extra waiver services you need. The extra services are different for each waiver program. Waiver programs limit the number of people who may be served. For information about how to apply for a waiver program, call the numbers below.

- Brain Injury Waiver Call DSPD (Division of Services for People with Disabilities) at (801) 538-4200
- DDMR Waiver (Developmentally Disabled/ Mentally Retarded) Call DSPD at (801) 538-4200
- Technology Dependant/ Medically Fragile Children Waiver (Sometimes called the Travis-C Waiver) Call CSHCS - Children's Special Health Care Services 801-584-8240 or 1-800-829-8200
- Aged Waiver—Call AAA (Area Agency on Aging) 1-800-541-7735
- Personal Assistance Waiver—Call (801) 538-4200

Other State Programs

- CHIP (Children's Health Insurance Program)
- UPP (Utah's Premium Partnership for Health Insurance)
- PCN (Primary Care Network of Utah)
- FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)
- QMB (Qualified Medicare Beneficiary)
- Restriction Program
- Spenddown Program (Medically Needy)

CHIP (Children's Health Insurance Program)



CHIP is a state health insurance plan for children who don't have other insurance. It provides preventative services (well-child visits, vaccinations, and dental cleanings) without a co-payment. Apply for CHIP during Open Enrollment. To find out when Open Enrollment will be held, watch and listen for TV, radio, and other announcements. You may also call 1-877-KIDS-NOW (1-877-543-7669) or visit the CHIP website at www.health.utah.gov/chip. During Open Enrollment apply online, mail in an application, or visit a Department of Workforce Services employment office.

UPP (Utah's Premium Partnership for Health Insurance)

UPP is for adults and children who don't currently have health insurance but can enroll in their employer's health insurance plan. UPP helps make health insurance more affordable for working individuals and families by helping pay their monthly premiums. After you enroll in UPP and begin paying your health insurance premiums, you receive monthly checks, up to \$150 per adult and up to \$100 per child, every month. There are also options for your child's dental coverage. To qualify, you must be age 0-64, not currently insured, and able to get insurance through an employer. For more information or to get an application, call 1-888-222-2542 or visit a Department of Workforce Services employment office.

To apply online, visit www.health.utah.gov/upp.

PCN (Primary Care Network of Utah)

PCN provides limited benefits for adults who qualify. PCN covers about 19,000 Utah adults. PCN covers preventive services. Applications are only accepted during enrollment sessions. The federal government requires PCN to enroll more parents than people without children. Because of

this, PCN schedules separate enrollment times for parents and those without children. To enroll, watch and listen for announcements about the next PCN enrollment session in the news or visit online. Call 1-888-222-2542 or visit www.health.utah.gov/pcn for information.

FQHC (Federally Qualified Health Centers) / RHC (Rural Health Centers)

Utah has a number of FQHCs and RHCs. These are clinics that have received special grant money to provide medical care to people who don't have any insurance. They also see patients who have insurance including Medicaid. If you have family members not covered by Medicaid, this is a good resource for them to get low-cost medical care. The cost is based on income. A list of health centers is in the Resources section.

QMB (Qualified Medicare Beneficiary)

QMB is a program that pays your Medicare premiums, co-pays and deductible. To learn more about the QMB program, contact the office where you apply for Medicaid. Some people get both QMB and Medicaid. If you are eligible for QMB only (no Medicaid benefits), you will receive a special QMB card showing you are eligible for the program. *This program is limited to Medicare benefits only.* Show your QMB card along with your Medicare card when you get medical treatment. This shows your doctors and clinics that your co-pays and deductibles are covered.

Restriction Program

The Restriction Program is for people who have a serious problem knowing how to use their Medicaid card. If someone is placed in the Restriction Program they will have a doctor and pharmacy that prints on their card along with their Health Plan. They need to get all of their care from the one doctor and all their prescriptions from the one pharmacy.

If you are part of the Restriction Program you are allowed to change the doctor and pharmacy. You must go through your Restriction Program Manager. You can contact them by calling (801) 538-9045 or 1-800-662-9651 (press #900).

Spenddown Program (Medically Needy)

Spenddown is when you pay to receive a Medicaid card. You pay the amount you are above the Medicaid income limit. You must meet all other conditions to qualify. Not all Medicaid programs allow you to spend down. You can amount you are above the Medicaid income limit. You must meet all other conditions to qualify. Not all Medicaid programs allow you to spend down.



Resources

Access Utah Network-Disability Information & Referral	
155 S 300 W, Suite 100, Salt Lake City, 84102	801-33-INFO
Toll Free	1-800-333-UTAH
Adult Protective Services	1-800-371-7897
Aging Services	
2001 S State, #S-1500, Salt Lake City, 84190	801-468-2454
Weber County, Ogden	801-625-3770
Davis County, Farmington	801-451-3377
Utah, Summit & Wasatch County	801-229-3804
AIDS/HIV Prevention and Services	
288 N 1460 W, Salt Lake City, 84114.....	801-538-6096
AIDS/Ryan White Title II (Medical Services for people with AIDS/HIV)	
50 N Medical Drive, Salt Lake City, 84132.....	801-538-6096
AIDS/Ryan White Title III (Primary Care Alliance)	801-585-1251
Toll Free	1-800-824-2073
American Red Cross	
465 S 400 E, Salt Lake City, 84110.....	801-23-7000
Toll Free	1-800-328-9272
Arthritis Foundation	
448 E 400 S, Suite 103, Salt Lake City, 84111	801-536-0990
Toll Free	1-800-444-4993
Baby Your Baby Hotline—Toll Free	1-800-826-9662
Blind and Visually Impaired (Division of Services)	
250 N 1950 W, Suite B, Salt Lake City, 84116	801-323-4343
Toll Free	1-800- 284-1823
Cancer Information Service—Toll Free	1-800- 4-CANCER
CAP (Community Action Program)	
764 S 200 W, Salt Lake City, 84101	1-800-796-2444
Catholic Community Services	
2570 W 1700 S, Salt Lake City, 84104	801-977-9119
Ogden.....	801-394-5944
Child Protective Services in Salt Lake County	801-281-5151
Other counties dial 211 and ask for the number for your county	
CHIP (Child Health Insurance Program)—Toll Free	1-888-222-2542
CHEC (Child Health Evaluation and Care) Program.....	See Local Health Dept
CSHCS (Children’s Special Health Care Services)—Toll Free	1-800-829-8200
Chiropractic Health Plan	
9135 S Monroe, Suite B, Sandy, 84070	801-352-7270
Toll Free	1-800-339-5958
Constituent Services	
Governor’s Office—Toll Free.....	1-800-705-2464
Medicaid Toll Free.....	1-800-331-4341

Deaf, Utah Association for the, Inc.	
5709 S 1500 W, Salt Lake City, 84123.....	801-263-4861
Diabetes Association	
340 E 400 S, Salt Lake City, 84111.....	801-363-3024
Toll Free.....	1-800-888-1734
Disabled Rights Action Center	
2757 S 300 W, Salt Lake City —Toll Free	1-800-478-9314
DSPD (Division of Services to People with Disabilities)	
655 E 4500 S, Suite 200, Murray, 84114	801) 264-7620
Domestic Violence Information—Toll Free.....	1-800-897-5465
DWS (Department of Workforce Services).....	801-526-9675
Toll Free for Out of State.....	888-848-0688
Family Dental Plans	
Heber: 55 S 500 E, Heber City, 84032	435-654-2700
Layton: 360 S Fort Lane, Bldg. 3 Suite A, Layton, 84041	801-546-2263
Ogden: 950 E 25 th St. Suite 360, Ogden, 84401	801-395-7090
Provo: 150 E Center St. Suite 1100, Provo, 84606.....	801-374-7011
Salt Lake City: 3195 S Main St, Suite 200, 84115	801-468-0342
Salt Lake City: 4535 S 5600 W, 84120	801-969-8243
St George: 321 N Mall Dr., # 101, St. George, 84771	435-652-3806
FQHC (Federally Qualified Health Centers) (income based fees)	
Carbon Medical Services:	
305 Center St., East Carbon, 84520.....	435-888-4411
Central City Community Health Center	
461 S 400 E Salt Lake City, 84111.....	801-539-8617
Copperview Community Health Center	
8446 S Harrison, Midvale, 84047	801-566-5494
Enterprise Valley Med. Center	
223 S 200 E, Enterprise, 84725	435-878-2281
Green Valley Medical Center	
305 W Main, Green River, 84525	435-564-3434
Midtown Community Health Center	
2440 Adams Ave, Ogden, 84402.....	801-393-5355
Montezuma Creek Health Center	
262 Montezuma Creek, 84534.....	435-651-3291
Mountainlands Community Health Center	
215 W 100 N, Provo, 84601.....	801-374-9660
Oquirrah View Community Health Center	
4745 S 3200 W, Salt Lake City, 84118.....	801-964-6214
Stephen D. Ratcliffe Health Clinic	
1365 W 1000 N, Salt Lake City, 84116	801-328-5750
Southwest Utah Community Health Center	
168 North 100 East, St. George, 84770	435-986-2565

Wasatch Homeless Health	
404 S 400 W Salt Lake City, 84101	801-364-0058
Wayne County Medical Clinic	
128 S 300 W Bicknell, 84175	435-425-3744
Health Clinics of Utah	
Ogden: 2540 Washington Blvd, Suite 122, 84401	801-626-3670
Provo: 150 E Center St, Rm1100, 84606.....	801-374-7011
Salt Lake: 3195 S Main St., #200, 84115	801-468-0354
Health Plans	
Healthy U—Toll Free	1-888-271-5870
Molina—Toll Free	1-888-483-0760
Select Access (formerly IHC Access) (Medicaid Info Line)—Toll	1-800-662-9651
HPRs (Health Program Representatives)	
American Fork	
895 N 900 E, American Fork, 84003	801-342-2629
Clearfield	
1350 E 1450 S, Clearfield, 84015	801-776-7377
Ogden	
480 27th St, Ogden, 84401	801-626-0424
Provo	
1550 N Freedom Blvd, Provo, 84604.....	801-372-2622
Roy	
1951 W. 5400 So., Roy, 84067.....	801-776-7232
Spanish Fork	
1185 N Chappel Drive, Spanish Fork, 84660	801-342-2622
SLC/ Expo	
158 S 200 W, Salt Lake City, 84145.....	801-524-9071
SLC/ Metro	
720 S 200 E, Salt Lake City, 84111.....	801-536-7112
SLC/ Midvale	
7292 S State St., Salt Lake City, 84047	801-567-3835
SLC/ South County	
5735 Redwood Rd, Taylorsville, 84123.....	801-269-4860
West Valley	
2750 So 5600 W, West Valley City, 84120	801-840-4456
Woods Cross	
763 W 700 S, Woods Cross, 84087.....	801-298-6612
Indian Walk In Center	
120 W 1300 S, Salt Lake City, 84115	801-486-4877
Information & Referral	211

Local Health Department <i>with</i> HPR	
Bear River District Health	
655 E 1300 N, Logan, 84321	435-752-3730
Central Utah Health Dept	
70 Westview Dr., Richfield, 84701	435-896-5451
Southeastern Utah District Health	
28 S 1st E (PO Box 800), Price, 84501	435-637-3671
Southwest Utah Public Health	
620 S 400 E, St George, 84770	435-673-3528
Tooele County Health	
151 North Main, Tooele, 84074.....	435-843-2310
TriCounty Health	
147 E Main St., Vernal, 84078.....	435-781-5475
Wasatch City/County Health	
55 S 500 E, Heber, 84032.....	435-654-2700
Local Health Departments <i>without</i> HPR	
Bountiful Clinic	
1650 S Main, #109B Bountiful, 84010	801-298-3919
Davis County Health Dept	
Courthouse Annex: 50 State St, Farmington, 84025	801-451-3315
Ellis Shipp Public Health Clinic	
4535 S 5600 W, West Valley City, 84120	801-963-7335
Layton Clinic	
360 S Fort Lane, Layton, 84041	801-547-8058
Rose Park	
1625 W 700 N, Salt Lake City, 84116	801-322-0502
Salt Lake City/County Health	
610 S 200 E, Salt Lake City, 84111	801-468-2750
2001 S State St, Salt Lake City, 84190	801-468-2800
South East Clinic	
9340 S 700 E, Sandy, 84070	801-255-7114
South Main Public Health	
3195 S Main St., Salt Lake City, 84115.....	801-464-8966
Summit City/County Health	
85 N 50 E (PO Box 128), Coalville, 84017 (Ext 3222).....	435) 336-4451
Utah City/County Health	
151 So. University Ave., Provo, 84601	801-851-7000
Weber/ Morgan District Health	
2233 Grant Ave., Ogden, 84401	801-399-6150
Weber/ Morgan District Health	
477 23 rd St, Ogden, 84401	801-399-7250
West Jordan	
1740 W 7800 S, Salt Lake City, 84084	801-569-4370

Lung Association	
1930 S 1100 E, Salt Lake City, 84106—Toll Free	1-800-LUNG-USA
Make a Wish Foundation	
771 E Winchester, SLC, 84107—Toll Free	1-800-860-9474
March of Dimes	
757 E South Temple, Suite 120, SLC, 84102	801-293-3300
Toll Free	1-877-881-9255
Medicaid Information Line	801-538-6155
Toll Free	1-800-662-9651
Medicare Information—Toll Free.....	1-800-633-4227
Mental Health Centers	
Bear River Mental Health	
Counties-Box Elder, Cache, Rich	435-752-0750
Central Utah Mental Health	
Counties-Piute, Sevier, Juab, Wayne, Millard, and Sanpete—Toll Free	1-800-523-7412
Davis Mental Health	
County-Davis.....	801-544-0585
Four Corners Mental Health	
Counties-Carbon, Emery, Grand	435-637-7200
Northeastern Counseling Center	
Counties- Duchesne, Uintah, Daggett	435-789-6300
Southwest Mental Health	
Counties-Beaver, Garfield, Iron, Kane, Washington	435-634-5600
Valley Mental Health	
Counties-Salt Lake, Summit, Tooele.....	801-263-7100
Wasatch Mental Health	
Utah County.....	801-373-4760
Weber Mental Health	
Counties-Morgan, Weber	801-625-3700
For counties not listed. call Medicaid Information	801-538-6155
Toll Free.....	1-800-662-9651
Mental Health Centers—Others	
Heber Counseling Center	
County Wasatch.....	435-654-3003
San Juan Mental Health	
County-San Juan.....	435-678-2992
ORS TPL Unit.....	1-800-821-2237
PCN (Primary Care Network)—Toll Free	1-888-222-2542
Planned Parenthood Clinics—Toll Free.....	1-800-230-PLAN
<i>PickMeUp</i> —Toll Free	1-888-822-1048
Poison Control—Toll Free	1-800-222-1222
Pregnancy Risk Line—Toll Free	1-800-822-BABY
Restriction Program	801-538-9045
Toll Free.....	1-800-662-9651

RHC (Rural Health Centers) (income based fees)

Beaver Medical Clinic	
1059 N 100th W, Beaver 84713.....	435-438-7280
Blanding Medical Center Emergency & Birthing Services	
804 N 400 W, Blanding 84511	435-678-2254
Bryce Valley Clinic	
25 S Redrock, Cannonville, 84718.....	435-679-8545
Circleville Clinic	
145 W Main, Circleville 84723.....	435-577-2958
Coalville Health Center	
82 N 50 E, Coalville 84017	435-336-4403
Duchesne Valley Medical Center	
50 E 200 S Duchesne, 84021	435-738-2426
Emery Medical Center	
90 W Main, Castledale 84513.....	435-381-2305
Garfield Memorial Clinic	
224 N 400 E, Panguitch 84759.....	435-676-8842
Hurricane Family Practice Clinic	
90 S 700 W, Hurricane 84737.....	435-635-4485
Kamas Health Center	
151 W 200 S, Kamas 84036	435-783-4385
Kazan Ivan W Memorial Clinic	
63 N Center, Escalante 84726.....	435-826-4374
Milford Valley Clinic	
451 N Main, Milford 84751	435-387-2471
Monument Valley Health	
PO Box 360-05, Monument 84536	435-727-3230
Mountain Utah Family Medicine	
850 N Main, Richfield	435-896-9561
Orderville Clinic	
425 E State, Orderville, 84758.....	435-648-2108
For more locations call the Medicaid Information Line	801-538-6155
Toll Free	1-800- 662-9651

Ronald McDonald House	
935 E South Temple, Salt Lake City, 84102	801-363-4663
Salt Lake County Division of Substance Abuse	
2001 S State, Suite S2300, Salt Lake City, 84190	801-468-2009
Shiners' Hospital	
1350 E 500 N, Salt Lake City, 84103	801) 536-3500
Toll Free	1-800-237-5055
Social Security Administration	
202 W 400 S, Salt Lake City, 84101	801-524-4115
Toll Free	1-800-772-1213 (US)
TriCounty Children's Dental Clinic	
198 W 200 N, Vernal, 84078	435-781-0875
Tobacco Quit Line—Toll Free.....	1-888-567-TRUTH
Utah Aids Foundation	
1408 S 1100 E, Salt Lake City, 84105	801-487-2323
Toll Free	1-800-FON-AIDS
Utah Issues 801-521-2035	
Utah Legal Services	
205 N 400 W, Salt Lake City, 84013.....	801-328-8891
965 S Main, Suite 3, Cedar City, 84720.....	435-586-2571
893 24 th St, Ogden, UT 84401	801-394-6766
455 N University Ave, Provo, 84601	801-374-6766
Utah Assistive Technology Foundation	
6835 Old Main Hill, Logan, 84322-6835—Toll Free	1-800-524-5152
Veterans Affairs Medical Center	
500 Foothill Drive, Salt Lake City, 84148	801-582-1565
Toll Free	1-800-613-4012
WIC (Women, Infants, and Children)	
288 N 1460 W, Salt Lake City, 84114.....	801-538-6960
Toll Free	1-800-662-3638
Workforce Services—General Information	801-526-9364

Your Rights and Responsibilities

You have the right to:

- Apply or reapply any time you wish for any medical program offered by the Department of Health. Applications for PCN, Covered At Work, and CHIP are only accepted during open enrollment periods. If you need help, someone will help you apply.
- Receive a notice that we have either approved or denied your application and the reasons for the decision. For medical assistance, we have 30 days to process your application. We have 90 days if you claim to be disabled, unless you need more time.
- Receive a notice if we reduce, stop or hold your assistance and why. In most cases, we must mail the notice 10 days before we do this.
- Do the following things if you do not agree with decisions made regarding your case:
 - A. Talk to your worker. Make sure you are not misunderstanding each other.
 - B. Talk to your worker's supervisor.
 - C. Talk to Constituent Services. Salt Lake 538-6417 or call toll-free 1-877-291-5583.
 - D. Request a Fair Hearing within 90 days of the decision; 10 days to get benefits while the hearing is held. If you were denied disability status, you may also ask for a reconsideration as part of the fair hearing. If SSA denied your disability, you would have to go through their appeal process.
 - E. Request legal representation regarding your fair hearing. You may be entitled to free legal assistance from Utah Legal Services. In Ogden, 394-9431; Salt Lake, 328-8891. The toll free number is 1-800-662-2538. You may also receive a referral for legal advice from the Salt Lake Lawyer Referral at 531-9075.
- Look at information in your case. Information about you and your case is confidential. Information may be given to other agencies to administer a program to help you.

Your Responsibilities:

- **Verify Information**
The Social Security Act (U.S.C. 1320 b - 7 (a) (1) requires that you give us a Social Security number for each household member who wants medical assistance. If you do not have a number, you must prove you have applied. You may be eligible for assistance while you are waiting to receive a number. If you are applying only for emergency Medicaid, you do not have to have a Social Security Number.

Your Social Security number will be used with the State Income and Eligibility Verification System to make sure that your household is eligible for federal assistance programs. Computer matching, program reviews, and audits will be done with Job Service, Immigration and Naturalization, Social Security, and Internal Revenue Service records. We may also do inquiries to banking and loan institutions and any other organizations or individuals who may have eligibility information about your household. You must give us proofs to show that you are eligible for assistance. The Department will not report undocumented household members to INS. _____

- Children enrolled in Medicaid are automatically enrolled in the Utah Statewide Immunization Information System (USIIS). If you do not want your children enrolled in this system, you must call the USIIS HelpLine at 801-538-6872 or the Immunization Hotline at 1-800-275-0659.
- **Cooperate**
You must cooperate in any review of your case by Quality Control, Recovery Services, and the Bureau of Eligibility Services. You must also cooperate in providing information about any other sources of medical payments and obtaining medical support. If you feel you could be harmed by giving this information, you can request a ☐good cause☐claim. Your worker can explain this procedure.

You and your household must also obey the medical assistance program rules.

CHANGES YOU MUST REPORT

Remember that you are required to report changes in your situation within 10 days of the day you learn of the change. Do not delay reporting changes. Changes can effect your eligibility. If you receive benefits which you are not eligible to receive, you will have to repay that amount.

CHANGE IN INCOME SOURCE

Getting a job, terminated a job, changing jobs, working for temporary services, educational income, SSI, SSA, or unemployment compensation, etc. Receiving a lump sum.

CHANGE IN EARNED OR UNEARNED GROSS MONTHLY INCOME

Working more OR less hours, overtime, getting a raise, etc. Change in the amount of SSI, SSA, Unemployment Compensation, etc.

CHANGE IN THE LEGAL OBLIGATION TO PAY CHILD SUPPORT**CHANGE IN MARITAL STATUS OR LIVING ARRANGEMENTS**

Getting married, separated, or divorced; moving in with a roommate; absent parent moves in; birth of a baby or end of a pregnancy; household member moves in or out; death of a household member; hospital stays for more than 30 days; or if anyone in your household goes to jail or prison; receiving help with your household expenses, etc.

GAIN OR LOSS OF A VEHICLE (LICENSED OR UNLICENSED)

Car, truck, van, motorcycle, camper, trailer, recreational vehicle, etc.

CHANGE IN ANY ASSET

Report changes in ownership or value of stocks, bonds, property, vehicles, life insurance, trust funds, burial plans, cash, opening and closing of bank accounts, etc. for all household members. (Includes joint ownership of any asset with spouse, parents, children, etc.)

CHANGE IN ALLOWABLE DEDUCTIONS

Child care expenses, health insurance expenses, etc. If you are age 65 or over, blind, or disabled, you must also report changes in alimony or child support paid by a spouse or parent and work related expenses.

CHANGE IN INSURANCE COVERAGE

Changes in access to insurance, coverage, or enrollment in any health coverage plan (including Medicare) for anyone in the household. You must also report accidents or injuries which may be payable by a third party.

Your Case Worker _____ Phone _____ Case # _____

UTAH DEPARTMENT OF HEALTH, DIVISION OF HEALTH CARE FINANCING

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU MAY ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. Effective: 04/14/2003

The Utah Department of Health, Division of Health Care Financing (DHCF) is committed to protecting your medical information. DHCF is required by law to maintain the privacy of your medical information, provide this notice to you, and abide by the terms of this notice.

CONFIDENTIALITY PRACTICES AND USES

DHCF may use your health information for conducting our business. Examples:

Treatment - to appropriately determine approvals or denials of your medical treatment. For example, DHCF health care professionals may review your treatment plan by your health care provider for medical necessity if a Medicaid recipient or for program listed services if a Primary Care Network (PCN) recipient or a Children's Health Insurance Program (CHIP) recipient.

Payment - to determine your eligibility in the Medicaid, PCN or CHIP program and make payment to your health care provider. For example, your health care provider may send claims for payment to DHCF for medical services provided to you, if appropriate.

Health Care Operations - to evaluate the performance of a health plan or a health care provider. For example, DHCF contracts with consultants who review the records of hospitals and other organizations to determine the quality of care you received.

Informational Purposes - to give you helpful information such as health plan choices, program benefit updates, free medical exams and consumer protection information.

YOUR INDIVIDUAL RIGHTS

You have the right to:

Request restrictions on how we use and share your health information. We will consider all requests for restrictions carefully but are not required to agree to any restriction.

Request that we use a specific telephone number or address to communicate with you.

Inspect and copy your health information, including medical and billing records. Fees may apply.

Under limited circumstances, we may deny you access to a portion of your health information and you may request a review of the denial. *

Request corrections or additions to your health information. *

Request an accounting of certain disclosures of your health information made by us. The accounting does not include disclosures made for treatment, payment, and health care operations and some disclosures required by law. Your request must state the period of time desired for the accounting, which must be within the six years prior to your request and exclude dates prior to April 14, 2003. The first accounting is free but a fee will apply if more than one request is made in a 12-month period.*

Request a paper copy of this notice even if you agree to receive it electronically.

Requests marked with a star (*) must be made in writing. Contact the DHCF Privacy Officer for the appropriate form for your request.

SHARING YOUR HEALTH INFORMATION

There are limited situations when we are permitted or required to disclose health information without your signed authorization. These situations include activities necessary to administer the Medicaid, PCN and CHIP programs and the following:

For public health purposes such as reporting communicable diseases, work-related illnesses, or other diseases and injuries permitted by law; reporting births and deaths; and reporting reactions to drugs and problems with medical devices

To protect victims of abuse, neglect, or domestic violence

For health oversight activities such as investigations, audits, and inspections

For lawsuits and similar proceedings

When otherwise required by law

When requested by law enforcement as required by law or court order

To coroners, medical examiners, and funeral directors

For organ and tissue donation

For research approved by our review process under strict federal guidelines

To reduce or prevent a serious threat to public health and safety

For workers compensation or other similar programs if you are injured at work

For specialized government functions such as intelligence and national security

All other uses and disclosures, not described in this notice, require your signed authorization. You may revoke your authorization at any time with a written statement.

OUR PRIVACY RESPONSIBILITIES

DHCF is required by law to:

Maintain the privacy of your health information

Provide this notice that describes the ways we may use and share your health information

Follow the terms of the notice currently in effect.

We reserve the right to make changes to this notice at any time and make the new privacy practices effective for all information we maintain. Current notices will be posted in DHCF offices and on our website, <http://health.utah.gov/hipaa>. You may also request a copy of any notice from your DHCF Privacy Officer listed below:

CONTACT US

If you would like further information about your privacy rights, are concerned that your privacy rights have been violated, or disagree with a decision that we made about access to your health information, Medicaid, PCN and CHIP recipients should contact the DHCF Privacy Officer, Craig Devashrayee, 801-538-6641; 288 North 1460 West, 3rd Floor, PO Box 143102, Salt Lake City, Utah 84114-3102; cdevashrayee@utah.gov.

We will investigate all complaints and will not retaliate against you for filing a complaint.

You may also file a written complaint with the Office of Civil Rights, 200

Independence Avenue, S. W. Room 509F HHH Bldg., Washington, DC 20201

Glossary of Abbreviations:

CHEC	Children's Health Evaluation & Care	20
CHIP	Child Health Insurance Program	33
DWS	Department of Workforce Services	3
FQHC	Federally Qualified Health Center	34
HPR	Health Insurance Representative	4, 6
LHD	Local Health Department	6, 7
ORS	Office of Recovery Services	9
OTC	Over-the-Counter	11, 12
PCN	Primary Care Network of Utah	33
PCP	Primary Care Provider	7
PMHP	Prepaid Mental Health Plan	25
QMB	Qualified Medicare Beneficiary	34
RHC	Rural Health Centers	34
TPL	Third Party Liability	9
UTA	Utah Transit Authority	31

**Utah Department of Health
Bureau of Managed Health Care
PO Box 143108
Salt Lake City, Utah 84114-3108**

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